

ISSUE STATEMENT AREA (For additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>David</i>		07-18-01
O.I.P.E. CLASSIFIER		<i>20</i>	7/26
FORMALITY REVIEW	<i>M M</i>	<i>577</i>	08-28-01
RESPONSE FORMALITY REVIEW	<i>11</i>	<i>16878</i>	11-06-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
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5m  
8/28/01

617  
11-8-01